

APPLICATION FOR EMPLOYMENT				AVERY COUNTY NORTH CAROLINA		Date of Application _____	
Please Print or Type Return To: 7 ci bmiA UbU Y fñj CZWZDC 6 cl *(\$ZBYk `UbXZB7 Z& ,) +							
Last 4 Digits of Social Security _____		Last Name _____		First Name _____		Middle Name _____	
Address (Street number and name) _____				City _____		County _____	
State _____		Zip Code _____	Phone (Home or where you can be reached) _____			Business Phone _____	

Availability
 Do you now work for Avery County? _____ Are you related by blood or marriage to any person now working for Avery County? ☐ YES ☐ NO
☐ YES ☐ NO (If yes, give name, relationship to you and the agency where employed.)
 If subject to Military Selective Service registration, certify compliance by initialing dotted line:

Military Service
 Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? ☐ YES ☐ NO
 Give dates of your qualifying active military service:
 Entered: _____ Separated: _____ Branch: _____ Rank: _____
 Are you a member of the Military Reserves: ☐ YES ☐ NO Branch: _____ Rank: _____

CHECK the types of work you will accept: ☐ 1. Permanent full-time ☐ 2. Permanent part-time ☐ 3. Temporary full-time
☐ 4. Temporary part-time ☐ 5. Any of the preceding ☐ 6. Work involving travel ☐ 7. Shift or split shift work
 If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.) _____

Jobs Applied For
 Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.
 1. _____ 2. _____ 3. _____

How did you learn about this positions? Personnel Office _____; Newspaper ad _____; job vacancy announcement _____;
 Employment Security Commission _____; Other _____.

Education
 Highest grade completed: _____
 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	S/Q Hrs.	Maj/Min Course Work	Type of Degree Received
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO			
College(s) University(ies)			<input type="checkbox"/> YES <input type="checkbox"/> NO			
College(s) University(ies)			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Graduate or Professional			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other educational, vocational schools, internships, etc.			<input type="checkbox"/> YES <input type="checkbox"/> NO			

Special training programs and seminars you have completed in the last five years (List):

If the jobs(s) applied for calls for specific courses, indicate those courses taken and credits received:
 Current professional status: (List fields of work for which you have been registered)
 Registration: _____ State: _____ No. _____
 Registration: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (List): _____ _____	<div style="text-align: center;">DO NOT COMPLETE THIS BLOCK</div> DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person responsible _____
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Licenses and certifications (List, giving dates and sources of issuance): <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>														
Skills _____ CHECK the following skills, experiences, etc. which you have: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Driver's license <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Chauffeur's license <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Car for use at work <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Sign language <input checked="" type="checkbox"/> Foreign language (specify) _____ <input checked="" type="checkbox"/> Adding machine/calculator <input checked="" type="checkbox"/> Typing (specify WPM) _____ <input checked="" type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Legal transcription <input checked="" type="checkbox"/> Medical transcription <input checked="" type="checkbox"/> Braille skills <input checked="" type="checkbox"/> Word Processing Skills <input checked="" type="checkbox"/> Other _____ </td> </tr> </table>										<input type="checkbox"/> Driver's license <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>	<input type="checkbox"/> Chauffeur's license <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>	<input type="checkbox"/> Car for use at work <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> Sign language <input checked="" type="checkbox"/> Foreign language (specify) _____ <input checked="" type="checkbox"/> Adding machine/calculator <input checked="" type="checkbox"/> Typing (specify WPM) _____ <input checked="" type="checkbox"/> Shorthand/speedwriting (specify WPM) _____	<input checked="" type="checkbox"/> Legal transcription <input checked="" type="checkbox"/> Medical transcription <input checked="" type="checkbox"/> Braille skills <input checked="" type="checkbox"/> Word Processing Skills <input checked="" type="checkbox"/> Other _____
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Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, explain fully on an additional sheet.) -- Work History (Include volunteer experience) Use Additional Sheets if Necessary														
Current or Last Employer:					Address:									
Job Title			Supervisor's name:		Telephone Number:		No. Supervised by you:							
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per		Reason for Leaving		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Date Separated (mo/yr)			List major duties in order of their importance in the job: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>											
Full Time	Years	Months	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>											
Part Time	Years	Months	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>											
If part time, hours per week:			<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>											
Employer:					Address:									
Job Title			Supervisor's name:		Telephone Number:		No. Supervised by you:							
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per		Reason for Leaving									
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Employer:					Address:									
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If part time, hours per week:			<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>											

AVERY COUNTY

Social Security Number

Last Name

Employer:					Address:				
Job Title			Supervisor's name:		Telephone Number:		No. Supervised by you:		
Date Employed (mo/yr)		Starting Salary \$ per		Ending Salary \$ per		Reason for Leaving			
Date Separated (mo/yr)			List major duties in order of their importance in the job: _____						
Full Time	Years	Months	_____						
Part Time	Years	Months	_____						
If part time, hours per week:			_____						

Employer:					Address:				
Job Title			Supervisor's name:		Telephone Number:		No. Supervised by you:		
Date Employed (mo/yr)		Starting Salary \$ per		Ending Salary \$ per		Reason for Leaving			
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Part Time	Years	Months	_____						
If part time, hours per week:			_____						

Employer:					Address:				
Job Title			Supervisor's name:		Telephone Number:		No. Supervised by you:		
Date Employed (mo/yr)		Starting Salary \$ per		Ending Salary \$ per		Reason for Leaving			
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Full Time	Years	Months	_____						
Part Time	Years	Months	_____						
If part time, hours per week:			_____						

Employer:					Address:				
Job Title			Supervisor's name:		Telephone Number:		No. Supervised by you:		
Date Employed (mo/yr)		Starting Salary \$ per		Ending Salary \$ per		Reason for Leaving			
Date Separated (mo/yr)			List major duties in order of their importance in the job: _____						
Full Time	Years	Months	_____						
Part Time	Years	Months	_____						
If part time, hours per week:			_____						

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1).

Signature of Applicant (unsigned applications will not be processed)

Date

County Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, or handicap. Sex, age, or absence of handicap is a bona fide occupational qualification in a small number of County jobs. The information requested below will in no way affect you as an applicant. Its sole use is to see how well our recruitment efforts are reaching all segments of the populations.

Name _____ Date _____

Position Applied For _____

Ethnic Group:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) | |

Sex: ☐ Male ☐ Female Date of Birth _____

Handicapped: ☐ Yes ☐ No Is Yes, please explain _____

THIS CARD MUST BE RETURNED WITH THE APPLICATION

CONSUMER REPORTS RELEASE

In connection with my application for employment (including contract for services) with Avery County, I understand that consumer reports or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal background search, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, and Local agencies regarding my past activities.

I hereby authorize without reservation, any party or agency contacted by Avery County to furnish the above mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

(Please **PRINT** the following information)

Name _____ Maiden _____

Street Address _____ City _____

ST _____ ZIP _____ Years at current residence _____ SSN _____

Previous address (if at current address less than 5 years) _____

City _____ St _____ ZIP _____

Years at Previous Address _____

Drivers License Number _____ State of Issuance _____

For Identification Purposes:

Date of Birth _____ Race _____ Gender _____

Other or Former Names _____

Professional License _____ State _____ Number _____

Signature _____ **Date** _____